PATENT

HE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent No.:

6,183,168

Docket:

3616.20USC4

Issue Date:

FEBRUARY 6, 2001

Patentee:

WOOLFORD ET AL.

Title:

COMPOSITE MASONRY BLOCK

CERTIFICATE UNDER 37 CFR 1.8:

Thereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Certificate of Correction Branch, Assistant Commissioner for Patents, Washington, D.C. 20231 on April /0, 2001.

By: Pat Braelley

REQUEST FOR CERTIFICATE OF CORRECTION

Certificate of Correction Branch Assistant Commissioner for Patents Washington, D. C. 20231

Sir:

It is requested that a Certificate of Correction be issued correcting printing errors appearing in the above-identified United States patent. The references that are added were initialed by the Examiner as being considered during prosecution. Two copies of the text of the Certificate in the suggested form are enclosed.

Patentee requests that handling of this Request for Certificate of Correction
be expedited as the above referenced U.S. patent 6,183,168 is currently involved in ongoing
litigation.

	As some of the errors listed are due to Applicant's mistake, our check in the
	amount of \$\\$ is enclosed to cover the Certificate fee.
\boxtimes	As none of the errors listed is due to Applicant's mistake, no fee is necessary in
	connection with this Certificate

Issuance of the Certificate of Correction would neither expand nor contract the scope of the claims, and re-examination is not required.

Respectfully submitted,

MERCHANT & GOULD P.C.

P.O. Box 2903

Minneapolis, Minnesota 55402-0903

(612) 332-5300

Date: April 10, 2001

James A. Larson Reg. No.: 40,443

JAL:PSTseb

23552

Complete and mail this form, together with ap-



ART B—ISSUE FEE TRANSMITTAL

Box ISSUE FEE Assistant Commissioner for Patent: Washington, D.C. 20231



MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic through 4 should be completed where appropriate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Certificate of Mailing maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mall in an envelope addressed to the Box Issue Fee address above on PM82/0619 the date Indicated below. MERCHANT & GOULD PC P. O BOX 2903 MINNEAPOLIS MN 55402-0903 (Depositor's name) (Date) APPLICATION NO. FILING DATE TOTAL CLAIMS MAN EXAMINÉR AND GROUP ART UNIT DATE MAILED 3673 09/497,250 02/03/00 014 TAYLOR, D 06/19/00 First Named **Applicant** WOOLFORD, 35 USC 154(b) term ext. = O Days. TITLE OF INVENTION COMPOSITE MASONRY BLOCK ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPIN TYPE SMALL ENTITY FEE DUE DATE DUE 3616.20USC4 UTILITY \$1210.00 09/19/00 405-286.000 800 NO Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, fist Merchant & Gould P.C. Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attomeys or agents OR, alternatively, (2) ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address;" Indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): tnclusion of assignee data is only appropiate when an assignment has been previously submitted to Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for Advance Order - # of Copies filing an assignment. (A) NAME OF ASSIGNEE Anchor Wall Systems, Inc. 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) Minnetonka, MN DEPOSIT ACCOUNT NUMBER 1.3 - 2725 (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) ☐ Issue Fee ☐ Individual Corporation or other private group entity government ☐ Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. 음음 (Authorized Signature) (Date 88 40,443 <u>18/00</u> 2000 KZEUDIE1 00000168 09497250 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the Patent and Trademark Office Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE